

## Plan of Correction

<b>Program Name:</b> Empower	<b>Date Submitted:</b> 06/11/2018	<b>Date Due:</b> 07/12/2018
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Administrative POC-1	
<b>Rule #:</b> 67:61:04:01	<b>Rule Statement:</b> <b>Policies and procedures manual.</b> Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
<b>Area of Noncompliance:</b> Agency was missing new policies and procedures that came into effect Dec. 2016 and needs to update their policies and procedures manual.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> New policies are being drafted to update policy manual with correct reference numbers and and new policies that came into effect in December 2016.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> Currently working to update policy manual.	<b>Person Responsible:</b> Director
<b>How Maintained:</b> Annual review of policies at beginning of fiscal year to ensure compliance. To be done every year in April.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> 67:61:02:21	<p><b>Rule Statement:</b> <b>Sentinel event notification.</b> Each accredited agency shall make a report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.</p> <p>The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:</p> <ul style="list-style-type: none"> <li>(1) A written description of the event;</li> <li>(2) The client's name and date of birth; and</li> <li>(3) Immediate actions taken by the agency.</li> </ul> <p>Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.</p> <p>Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.</p>

<b>Area of Noncompliance:</b> Empower did not have a policy on sentinel events.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> New policies are being drafted to update policy manual with correct reference numbers and and new policies that came into effect in December 2016.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> EPN211-003-AWAITING BOARD APPROVAL	<b>Person Responsible:</b> Director
<b>How Maintained:</b> POLICY ATTACHED	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
<b>Rule #:</b> 67:61:11:08	<p><b>Rule Statement: 67:61:11:08. Quality assurance and evaluation.</b> An agency shall conduct a quality assurance review of its prevention programming to monitor, protect, and enhance the quality and appropriateness of its programming and to identify qualitative problems and recommend plans for correcting each problem. The agency shall conduct the following:</p> <ul style="list-style-type: none"> <li>(1) Annual satisfaction surveys of all individuals or stakeholders who requested and participated in prevention services;</li> <li>(2) Participant evaluations after each prevention presentation the agency provides; and</li> <li>(3) Pre- and post-tests for all evidence based curricula presented to individuals.</li> </ul> <p>A summary of these reports shall be made available to the board of directors or agency staff annually, and to the division and community members upon request.</p>
<b>Area of Noncompliance:</b> Empower did not complete the annual quality assurance report that included qualitative problems and plans for correcting each problem.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Updated annual report template to include quality assurance problems and plans for correcting them. Created customer satisfaction surveys on survey monkey to distribute after events.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> EPN211-010-07 - AWAITING BOARD APPROVAL	<b>Person Responsible:</b> Director
<b>How Maintained:</b> New section included in annual summary template to ensure completed. POLICY ATTACHED.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4	
<b>Rule #:</b> 67:61:11:04	<p><b>Rule Statement: Review of materials.</b> The agency's program director shall review and approve all electronic, written, and printed materials intended for public distribution for validity, relevancy, and appeal. Additionally an agency that conducts classroom or group educational programs shall use a structured evidence-based curriculum for prevention education. The review of all public distribution materials and prevention curriculums being</p>

	implemented shall be made available for review by agency staff, the public, and the division in an electronic or printed format.
<b>Area of Noncompliance:</b> Empower did not have documentation of the director reviewing electronic, written, or printed materials.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Updated policies manual and included new section in accreditation binder to ensure paperwork is available upon request.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> EPN211-010-04	<b>Person Responsible:</b> Director
<b>How Maintained:</b> In accreditation binder.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-5	
<b>Rule #:</b> 67:61:05:04	<b>Rule Statement:</b> <b>Qualifications of staff providing prevention services.</b> Agency staff providing prevention programming shall complete the Substance Abuse Prevention Skills Training (SAPST) or Foundations of Prevention within one year of hire. Evidence of completion shall be placed in the staff member's personnel file.
<b>Area of Noncompliance:</b> One personnel file was reviewed and the file did not contain information that the SAPST training was completed within one year of hire.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> New employees will be required to attend SAPST Class as soon as it is made available. Upon hire employee will be given a list of requirements for educational training, TB Testing etc. they will have to complete within designated timeframes. To be included on Orientation paperwork.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> Orientation Checklist and policy manual	<b>Person Responsible:</b> Director
<b>How Maintained:</b> New Hire Packet	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-6	
<b>Rule #:</b> 67:61:04:05	<b>Rule Statement:</b> <b>Accounting systems, cost reporting, and annual audit.</b> An accredited agency shall maintain an accounting system pursuant to generally accepted accounting principles. If requested by the department, the agency shall submit to the department a copy of an annual entity-wide, independent financial audit. The audit shall be completed and filed with the department by the end of the fourth month following the end of the fiscal year being audited.

<b>Area of Noncompliance:</b> Empower did not have an independent financial audit completed annually.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> Updated policy.	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> 11/01/2018
<b>Supporting Evidence:</b> Policy Number: EPN211-005-03. awaiting policy approval.	<b>Person Responsible:</b> Director
<b>How Maintained:</b> Put on annual calendar to ensure completion.	<b>Board Notified:</b> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Send Plan of Correction to:

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